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CONFIRMATION NO. 4636

<b>SERIAL NUMBER</b> 10/674,333	<b>FILING OR 371(c) DATE</b> 09/30/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> GYN5003	
<b>APPLICANTS</b> Scott Ciarrocca, Stockton, NJ; <b>** CONTINUING DATA *****</b> <i>None up</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None up</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/22/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>Michael J. Kelly</i> Examiner's Signature <i>[Signature]</i>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27777					
<b>TITLE</b> Bipolar tissue morcellator					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		